In re LEMARE MASON	According to the calculations required by this statement:
Debtor(s)	The applicable commitment period is 3 years.
Case Number: 09-10692 pmc	☐ The applicable commitment period is 5 years. ☐ Disposable income is determined under § 1325(b)(3).
Case Number: (If known)	Disposable income is not determined under § 1325(b)(3).
(II KIIOYII)	(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REPO	RT OF INCOME			
1	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.					
	All fig six cal before divide		Column B Spouse's Income			
2	Gross	wages, salary, tips, bonuses, overtime, commiss	sions.	\$	\$	
3	Incom and en busine Do no entere					
	a.	Gross receipts	\$			
	b.	Ordinary and necessary business expenses	\$			
	c.	Business income	Subtract Line b from Line a	\$	 \$	
	Rent a in the any pa	e le				
4	a.	Gross receipts	\$			
	b.	Ordinary and necessary operating expenses	\$			
	c.	Rent and other real property income	Subtract Line b from Line a	\$	\$	
5	Intere	est, dividends, and royalties.		\$	\$	
6	Pension and retirement income.				\$	
7	expen purpo	mounts paid by another person or entity, on a ses of the debtor or the debtor's dependents, in sec. Do not include alimony or separate maintenant's spouse.		\$		
8	Unem Howe was a Colum					
		nployment compensation claimed to benefit under the Social Security Act Debtor \$_	\$1020.0	0 _{\$}		

9	sources o maintena separate payments	1 24 14 14 14 14 14 14 14 14 14 14 14 14 14	imony or separate yments of alimony Social Security Act	or or			
10	Subtotal	. Add Lines 2 thru 9 in Column A, and, if Column B is complete		\$ 1020 00	\$		
IJ	through 9 in Column B. Enter the total(s). Solumn B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. 1020.						
		Part II. CALCULATION OF § 1325(b)(4) CO	MMITMENT I	PERIOD			
12	Enter th	e amount from Line 11.			\$ 1020.00		
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. a. \$ \$ b. \$ \$ c. \$ \$ Total and enter on Line 13.						
14					\$ 1020.00		
15					12,240.00		
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: OH b. Enter debtor's household size: 1 \$				40,880.00		
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.						
17	The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.						
	Part II	I. APPLICATION OF § 1325(b)(3) FOR DETERM	MINING DISP	OSABLE INCO	OME		
18	Enter th	e amount from Line 11.			ls		

<u> </u>	T									م - -
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.									
	a.					\$				
	b.					\$				
•	C.					\$				
	Total	and enter on Line 19.								\$
20	Curr	ent monthly income for § 1325	(b)(3). Subtract	Line 19	from Line	18 and enter	the resi	ult.		
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12						\$ 12,240,00			
22	Appl	icable median family income. E	nter the amount	from L	ine 16.					\$ 12,240,00 \$40,880,00
	1	ication of § 1325(b)(3). Check th				rected.				L. 41. 221. 22
23	The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI.							nt.		
		Part IV. CALCU	LATION OF	F DEI	UCTION	NS FROM	INCO	OME	·	·
		Subpart A: Deductions	under Standa	ards o	f the Inte	rnal Reve	nue Se	ervice (IR	 S)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoi.gov/ust/ or from the						\$			
24B	National Standards: health care. Enter in Line al below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.						it- of ere			
	Household members under 65 years of age			House	ehold mem	bers 65 year	s of age	or older		
	al.	Allowance per member		a2.	Allowance	per member				
	bI.	Number of members		b2.	Number of	members		*****		
	cl.	Subtotal		c2.	Subtotal					\$
25A	Utilitie	Standards: housing and utilitieses Standards; non-mortgage expe	nses for the appl	licable (county and l	household siz	of the IR	S Housing a	 md	

B 22C (O	Tricial Po	rm 22C) (Chapter 13) (01/08)			. 8			
	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in line a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.							
57		Nature of special circumstances	Amount of expense					
	a.		\$					
	b.		\$					
	c.		\$					
	Total: Add Lines a, b, and c		ld Lines a, b, and c	\$				
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.							
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.							
		Part VI: ADDITIONAL EXPEN	ISE CLA	IMS				
	and w	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly ncome under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
60		Expense Description		Monthly Amount				
	a.			\$				
	b.			\$				
	C.			\$				
	Ш	Total: Add Lines a, t	o, and c	\$				
		Part VII: VERIFICAT	ION					
61		are under penalty of perjury that the information provided in this debtors must sign.) Date: 3-3 (3 7 Signs)	statement	istrue and correct. (If this is (Debtor)	a joint case, Mex			
		Date: Signature Sign	gnature:					
1	1		(Ioi	nt Debtor if any)				